K032191 1 of 1

AUG 2 0 2003

510(K) Summary
OmniLight Fluorescent Pulsed Light System

This 510(K) Summary of safety and effectiveness for the OmniLight Pulsed Light System is submitted in accordance with the requirements of the SMDA 1990 and following guidance concerning the organization and content of a 510(K) summary.

Applicant:	Luxsano AB
Address:	Lona Knapes gata 5 421 32 Vastra Frolunda, Sweden
Contact Person:	Connie White Hoy
Telephone / Fax / Email	46.31.709.30.70 – Phone 46.31.709.30.79 – Fax cwhite9901@aol.com
Preparation Date:	May 5, 2003
Device Trade Name:	OmniLight Fluorescent Pulsed Light System
Common Name:	Intense Pulsed Light
Classification Name:	Instrument, Surgical, Powered, laser 79-GEX, 21 CFR 878-48
Legally Marketed Predicate Device:	ProLite and Plasmalite MPX Pulsed Light System K number(s) 013365, 022569, 022568, 023081
Description of the OmniLight Fluorescent Pulsed Light System	The OmniLight Fluorescent Pulsed Light System delivers pulsed light at wavelengths starting at 515 nanometers. The device consists of three interconnected sections: The cabinet which houses the power supply, the cooling system and the microcontroller, the umbilical to the handpiece, and the handpiece, which houses the waveguide
Intended use of the OmniLight Fluorescent Pulsed Light System	The OmniLight Fluorescent Pulsed Light System is indicated for the following: Hair removal in all skin types Permanent hair reduction Treatment of Vascular Lesions Treatment of Benign pigmented lesions Tattoo removal
Performance Data:	None
Conclusion:	The OmniLight Pulsed Light System is substantially equivalent to other existing pulsed light systems in commercial distribution in Dermatology and Plastic Surgery.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

AUG 2 0 2003

Luxsano AB
c/o Ms. Connie White Hoy
908 Stetson Street
Woodland, California 95776

Re: K032191
Trade/Device Name: OmnoLight FPL System
Regulation Number: 21 CFR 878.4810
Regulation Name: Laser surgical instrument for use in general and plastic surgery and in dermatology
Regulatory Class: II
Product Code: GEX
Dated: May 5, 2003
Received: July 29, 2003

Dear Ms. Hoy:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

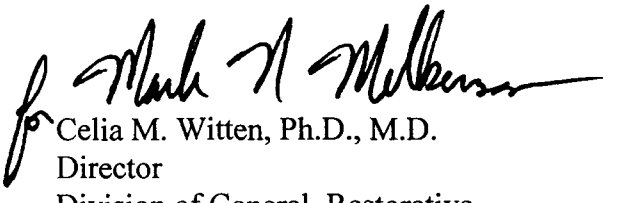
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,



Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

INDICATION FOR USE STATEMENT

510(k) Number: ~~Pending~~ K032191

Device Name: OmniLight FPL System

Indications for Use:

The OmniLight FPL System is intended to be used in the following procedures:

1. **Hair Removal in all Skin types according to the Fitzpatrick Scale**
2. **Permanent Hair reduction**
3. **Treatment of Vascular Lesions**
4. **Treatment of Pigmented Lesion**
5. **Tattoo Removal**

for Mark N Milkerson

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K03 2191

(Please do not write below this line - Continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-the-Counter Use ____
(per 21 CFR 801.109)